

North Carolina
Department of Health and Human Services
Division of Medical Assistance

2501 Mail Service Center - Raleigh, N.C. 27699-2501

Michael F. Easley, Governor
Secretary Carmen Hooker Odom, Secretary

Allen Dobson, Jr., M.D., Assistant
for Health Policy and Medical Assistance

**NON-COVERED STATE MEDICAID PLAN SERVICES REQUEST FORM
FOR RECIPIENTS *UNDER* 21 YEARS OF AGE**

RECIPIENT INFORMATION: *Must be completed by physician, licensed clinician, or provider.*

NAME: _____

DATE OF BIRTH: ____/____/____ (mm/dd/yyyy) **MEDICAID NUMBER:** _____

ADDRESS: _____

MEDICAL NECESSITY: *ALL REQUESTED INFORMATION, including CPT and HCPCS codes, if applicable, as well as provider information must be completed. Please submit medical records that support medical necessity.*

REQUESTOR NAME: _____ **PROVIDER NAME:** _____

MEDICAID PROVIDER #: _____ **MEDICAID PROVIDER #:** _____

ADDRESS: _____ **ADDRESS:** _____

TELEPHONE #: (____) _____ **TELEPHONE #:** (____) _____

FAX #: _____ **FAX #:** _____

IN WHAT CAPACITY HAVE YOU TREATED THE RECIPIENT *(incl. length of time you have cared for recipient and nature of the care):* _____

PAST HEALTH HISTORY *(incl. chronic illness):* _____

RECIPIENT DIAGNOSIS(ES) RELATED TO THIS REQUEST *(incl. onset, course of the disease, and recipient's current status):* _____

TREATMENT RELATED TO DIAGNOSIS(ES) ABOVE *(incl. previous and current treatment regimens, duration, treatment goals, and recipient response to treatment(s):* _____

NAME:	MID #:	DOB:
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OTHER ADDITIONAL INFORMATION: _____

_____ REQUESTOR'S SIGNATURE AND CREDENTIALS	_____ DATE
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INCLUDE EVIDENCE-BASED LITERATURE TO SUPPORT THIS REQUEST.

MAIL OR FAX COMPLETED FORM TO:

*Assistant Director
Clinical Policy and Programs
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501
FAX: 919-715-7679*

**LISTING OF EPSDT SERVICES FOUND AT 42 U.S.C. § 1396d(a)
[1905(a) of the Social Security Act]**

- Inpatient hospital services (other than services in an institution for mental disease)
- Outpatient hospital services
- Rural health clinic services (including home visits for homebound individuals)
- Federally-qualified health center services
- Other laboratory and X-ray services (in an office or similar facility)
- EPSDT (*Note: EPSDT offers periodic screening services for recipients under age 21 and Medicaid covered services necessary to correct or ameliorate a diagnosed physical or mental condition*)
- Family planning services and supplies
- Physician services (in office, recipient's home, hospital, nursing facility, or elsewhere)
- Medical and surgical services furnished by a dentist
- Home health care services (nursing services; home health aides; medical supplies, equipment, and appliances suitable for use in the home; physical therapy, occupation therapy, speech pathology, audiology services provided by a home health agency or by a facility licensed by the State to provide medical rehabilitation services)
- Private duty nursing services (in the recipient's private residence)
- Clinic services (including services outside of clinic for eligible homeless individuals)
- Dental services
- Physical therapy, occupational therapy, and services for individuals with speech, hearing, and language disorders
- Prescribed drugs
- Dentures
- Prosthetic devices
- Eyeglasses
- Other diagnostic, screening, preventive, and rehabilitative services (Rehabilitative services includes medical or remedial services recommended for the maximum reduction of physical or mental disability and restoration of an individual to the best possible functional level).
- Services in an intermediate care facility for the mentally retarded
- Inpatient psychiatric hospital services for individuals under age 21
- Services furnished by a midwife, which the nurse-midwife is legally authorized to perform under state law, without regard to whether the nurse-midwife is under the supervision of, or associated with, a physician or other health care provider throughout the maternity cycle
- Hospice care
- Case-management services
- TB-related services
- Respiratory care services
- Services furnished by a certified pediatric nurse practitioner or certified family nurse practitioner, which the practitioner is legally authorized to perform under state law
- Personal care services (in a home or other location) furnished to an individual who is not an inpatient or resident of a hospital, nursing facility, intermediate care facility for the mentally retarded, or institution for mental disease
- Primary care case management services
- Any other medical care, and any other type of remedial care recognized under state law, specified by the secretary (includes transportation by a provider to whom a direct vendor payment can appropriately be made)

Definitions of the above federal Medicaid services can be found in the Code of Federal Regulations 42 CFR 440.1-440.170 at the website stated below.

http://www.access.gpo.gov/nara/cfr/waisidx_06/42cfr440_06.html